

REPORT OF BENEFITS DESTROYED IN A HOUSE FIRE

I _____ have provided the WIC Program with a
(Participant Name)
fire marshal report, insurance company documents, or newspaper article verifying that I
am stating benefits have been destroyed in a house fire. This verification and
explanation of procedure was provided to me by the WIC Program staff.

Further, I understand that if I have knowingly falsified information in order to receive
additional benefits, I am subject to one month disqualification from the WIC Program for
the first offense, three months disqualification for the second offense, or possible
disqualification from the WIC Program.

Participant Signature/Date

WIC Staff Signature/Date